

PATENT APPLICATION SERIAL NO.

10/522659

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

02/03/2005 MKAYPAGH 00000124 10522659

01 FC:1631 300.00 OP
02 FC:1632 500.00 OP
03 FC:1633 200.00 OP

07/13/2005 AJOHNS02 00000002 10522659

01 FC:1642 400.00 OP

Repln. Ref: 07/13/2005 AJOHNS02 0015205600
DA4:040100 Name/Number:10522659
FC: 9204 \$100.00 CR

02 FC:1632

-500.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1-12-05

2 Serial/Patent # 10/522659

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/> Filing	1	1-12-05	\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 04-0100

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. Johnson

SIGNATURE: A. Johnson

OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

TITLE: Paralegal
PHONE: 308-9140

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B